

I.

Form DEQ 50-25 Solid Waste Information and Assessment Program- Reporting Table

Facility Name_____

Permit No. _____

Date Submitted to DEQ _____

Annual Reporting Period: _____

Available Permitted Capacity_____

Total Annual Disposal Rate _____

Expected Remaining Permitted Life _____

II. Originating Jurisdiction (ie. State): _____

Is Jurisdiction Outside Virginia? YES _____ NO _____

Waste Type	Units (check one)		Waste Management- Report Amount by Weight or Volume (REPORTING UNITS MUST BE CONSISTENT FOR ALL FIELDS OF A PARTICULAR WASTE TYPE, USE TONS OR CUBIC YARDS. NOT BOTH)							
	Tons	cu.yds	Received	Recycled	Composted	Landfilled	Incinerated	Sent off site	Stored on site	Other:
Municipal Solid Waste										
Construction/ Demolition/Debris										
Industrial Waste										
Regulated Medical Waste										
Vegetative/Yard Waste										
Incineration Ash										
Sludge*										
Tires										
White Goods										
Friable Asbestos										
Petroleum Contaminated Soil										
Other Waste(specify):										

NOTE: Report each different jurisdiction on a separate page

*Sludge other than that applied to the land in accordance with § 32.1-164.

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